



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of Risk Management



TORT LIABILITY DIVISION

Jed Ross
Chief Risk Officer

CLAIM AGAINST THE GOVERNMENT OF THE DISTRICT OF COLUMBIA

PLEASE PRINT AND COMPLETE THE FOLLOWING QUESTIONS.

TYPE OR PRINT ALL INFORMATION CLEARLY

YOU MAY USE ADDITIONAL PAGES IF NECESSARY.

PERSONAL INJURY DAMAGE

1-PERSONAL INFORMATION

Last Name of Claimant _____ First Name _____

Address _____ City, State _____ Zip code _____

Date of Birth _____ Social Security # **(optional)* _____ Telephone # _____

Cell # _____ Fax# _____ E-mail Address _____

**SSN or Tax ID not required to file a claim but required if payment is issued*

2- ACCIDENT/INCIDENT INFORMATION

Date of Accident: _____ Time: _____

Accident Location: _____

Detailed Description of Accident (use additional sheet if necessary): _____

Witness name(s) and Contact Information: _____

Did the Police Investigate the Accident? Yes___ No___ Police Report# _____

Please attach photos of accident scene and/or damage if available

3- MEDICAL INFORMATION

Date and Location of First Treatment: _____

Was claimant taken by ambulance? _____ Date treated in ER: _____

Name of Hospital: _____

Name and address of treating physician: _____

Describe injury in detail (use additional sheet if necessary): _____

Total out of pocket expense \$ _____ Doctors \$ _____ Hospital \$ _____ Other \$ _____

Please attach related bills and receipts

4- EMPLOYMENT INFORMATION

Status of employment on date of accident

Amount earned

Days lost

Employed ()

weekly \$ _____

from work _____

Unemployed ()

5- VEHICLE INFORMATION (IF INJURY RELATED TO AUTO ACCIDENT)

(YOUR VEHICLE)

Make: _____ Year: _____ Model: _____ License Plate#: _____

V.I.N. Number: _____

6- (DC GOVERNMENT VEHICLE)

Make: _____ Year: _____ Model: _____ License Plate#: _____

Name and Title of Driver: _____

Government Agency Involved: _____

BY SIGNING THIS DOCUMENT, I ATTEST THE INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

Date: _____

Signature: _____

Please also include the following if relevant to your claim:

- 1. Any police or other reports related to the incident**
- 2. Documents showing ownership at the time of the damage and original cost of damaged items**
- 3. Estimates for repairs (include two for vehicular damage) and photos of any damages.**
- 4. Proof of payment for repairs made to the vehicle**
- 5. Medical bills and/or medical reports**

WARNING: It is a crime to provide false or misleading information to the District Government, or to any department or agency thereof, any claim upon or against the District of Columbia, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent. Such an act is subject to imprisonment not more than one year and assessed a fine of not more than \$100,000 for each violation.